Fill in this inf	ormation to identif	y your case and this filing:	ı	
Debtor 1	George D	David Staretz		
	First Name Mi	fiddle Name Last Name		
Debtor 2	Dolores First Name Mi	Staretz Last Nama		
(Spouse, if filing)	First Name ıvıı	fiddle Name Last Name		
United States Bar	nkruptcy Court for the: E	ASTERN DIST. OF PENNSYLVANIA		
Case number	19-14972		☐ Check	if this is an
(if known)	<u>-</u>		—	ded filing
Official Form				40445
Schedule A/	B: Property			12/15
	or have any legal or equ	ence, Building, Land, or Other Real uitable interest in any residence, building, la		an Interest In
1.1. 125 Morningside		What is the property? Check all that apply.	Do not deduct secured clai amount of any secured cla Creditors Who Have Claim	ims on Schedule D:
Street address, ii avaiid	able, or other description	✓ Single-family home Duplex or multi-unit building Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
Mount Bethel	PA 18543	Manufactured or mobile home	\$180,000.00	\$180,000.00
Northampton County	State ZIP Code	☐ Land ☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of you interest (such as fee simple entireties, or a life estate)	ple, tenancy by the
·	= ··· · · · · · · · · · · · · · · · · ·	Who has an interest in the property?	Tenancy by the Entiret	ty
125 Morningside 18543	e Dr.,Mount Bethel, P	Check one.		
primary residend	ce	 □ Debtor 1 only □ Debtor 2 only ☑ Debtor 1 and Debtor 2 only □ At least one of the debtors and anoth 	Check if this is comm (see instructions)	nunity property
		Other information you wish to add abord property identification number: C11	out this item, such as local 1-1-16-13-0131	_
		rou own for all of your entries from Part 1, ir I for Part 1. Write that number here		\$180,000.00

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	Debtor 1 George David Staretz Debtor 2 Dolores Staretz Case number (if known) 19-149							
P	art 2:	Descri	be Your Vehicles					
				le interest in any vehicles, whether they are e a vehicle, also report it on Schedule G: Exec	_	-		
3.	Cars, var	ns, truck	s, tractors, sport utilit	y vehicles, motorcycles				
	□ No ☑ Yes							
3.1. Mak			Nissan	Who has an interest in the property? Check one.	amount of any secured cla			
Mod Yea	del: Altima Debtor 1 only Creditors Who Have Claims Debtor 2 only Current value of the			Current value of the portion you own?				
	roximate n		66,000	At least one of the debtors and another	\$11,000.00	\$11,000.00		
			(approx. 66,000	Check if this is community property (see instructions)				
4.	Examples			s and other recreational vehicles, other veh nal watercraft, fishing vessels, snowmobiles, m				
	✓ No ☐ Yes							
5.				own for all of your entries from Part 2, inclured Part 2. Write that number here		\$11,000.00		
P	art 3:	Descri	be Your Personal	and Household Items				
Do	you own o	or have a	ny legal or equitable i	nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.		
6.	Examples	-	s and furnishings appliances, furniture, lir	nens, china, kitchenware				
		Describe	household goo	ds and furnishings		\$3,000.00		
7.	Electroni Examples No	s: Televis	,	, video, stereo, and digital equipment; compute devices including cell phones, cameras, media		_		
		Describe	9					
8.	Collectib Examples	s: Antiqu	es and figurines; paintii	ngs, prints, or other artwork; books, pictures, o collections; other collections, memorabilia, col	•	_		
	□ No ✓ Yes.	Describe	books, pictures	s, CD's, DVD's, videos		\$100.00		
9.	Examples	s: Sports		e, and other hobby equipment; bicycles, pool to tools; musical instruments	ables, golf clubs, skis;	_		
	☐ No ☑ Yes.	Describe	self-developing	g camera		\$15.00		

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	tor 1 tor 2	George Day Dolores Sta		Case number (if known) _ 19-1	4972
10.	✓ No	les: Pistols, rifl		ammunition, and related equipment]
11.	✓ No	les: Everyday		eather coats, designer wear, shoes, accessories]
12.	Jewelr	•	jewelry, costur	me jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,]
	☐ No ✓ Yes		See contin	nuation page(s).	\$30.00
13.	Examp				1
	✓ Ye	s. Describe	dogs (3), c	ats (10)	\$800.00
14.	did not No Yes	list	с	d items you did not already list, including any health aids you]
15.			-	entries from Part 3, including any entries for pages you have	\$3,945.00
Pa	art 4:	Describe	Your Finar	ncial Assets	
Doy	ou owr	n or have any l	legal or equita	able interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.		petition	u have in your	wallet, in your home, in a safe deposit box, and on hand when you file your	
	☐ No ✓ Yes			Cash:	\$200.00
17.		•	houses, and	ther financial accounts; certificates of deposit; shares in credit unions, other similar institutions. If you have multiple accounts with the same	
	□ No ✓ Yes	S		Institution name:	
	۳		g account:	Checking account, Wood Forest Bank	\$13,900.00
	17	.2. Checking	g account:	Checking account, Wells Fargo	\$381.00

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Debt Debt		George David Sta Dolores Staretz		40 44072
Debi	01 2	Dolores Staretz	Case number (if known)	19-149/2
18.	Example No	les: Bond funds, inve	ublicly traded stocks estment accounts with brokerage firms, money market accounts Institution or issuer name:	
19.	-	•	and interests in incorporated and unincorporated businesses, including nership, and joint venture	
	info	s. Give specific ormation about m	Name of entity: % of owners	ship:
20.	Negotia	able instruments inclu	e bonds and other negotiable and non-negotiable instruments and personal checks, cashiers' checks, promissory notes, and money orders. are those you cannot transfer to someone by signing or delivering them.	
	info	s. Give specific ormation about m	Issuer name:	
21.		nent or pension acc les: Interests in IRA, profit-sharing pla	ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or	
		s. List each count separately. T	ype of account: Institution name:	
	Your sh Example		payments posits you have made so that you may continue service or use from a company landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	
	✓ No ☐ Yes	S	Institution name or individual:	
23.	☑ No		specific periodic payment of money to you, either for life or for a number of years Issuer name and description:)
		ts in an education IF C. §§ 530(b)(1), 529/	RA, in an account in a qualified ABLE program, or under a qualified state tuit $A(b)$, and $529(b)(1)$.	tion program.
	✓ No ☐ Yes	S	Institution name and description. Separately file the records of any interests. 11	U.S.C. § 521(c)
25.		equitable or future s exercisable for you	interests in property (other than anything listed in line 1), and rights or ur benefit	
		s. Give specific ormation about them		
26.			marks, trade secrets, and other intellectual property; names, websites, proceeds from royalties and licensing agreements	
	_	s. Give specific prmation about them		
27.	Examp		other general intangibles , exclusive licenses, cooperative association holdings, liquor licenses, profession	al licenses
	_	s. Give specific prmation about them		

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	tor 1 tor 2	George David Staretz Dolores Staretz	Case number (if known) _19-1 4	1972
Moi	ney or	r property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Тах	refunds owed to you			
29.	-	No Yes. Give specific information about them, including whether you already filed the returns and the tax years		Federal State: Local:	:
_0.	Exar	mples: Past due or lump sum al	mony, spousal support, child support, maintenance, divorce settlemen	t, property	/ settlement
		No Yes. Give specific information	Alimony:		
	_[·	Maintena	nce:	
			Support:		
			Divorce s	ettlement:	
			Property s	settlemen	::
30.	Exar		J insurance payments, disability benefits, sick pay, vacation pay, worker curity benefits; unpaid loans you made to someone else	s'	
31.	Exam		nsurance; health savings account (HSA); credit, homeowner's, or rente mpany name: Beneficiary:		nce rrender or refund value:
32.	If you	u are the beneficiary of a living t led to receive property because	e you from someone who has died rust, expect proceeds from a life insurance policy, or are currently someone has died		
		Yes. Give specific information			
33.	Exar	mples: Accidents, employment of	ner or not you have filed a lawsuit or made a demand for payment disputes, insurance claims, or rights to sue		
34.		er contingent and unliquidated ts to set off claims	claims of every nature, including counterclaims of the debtor and		
		No Yes. Describe each claim			
35.	Any	financial assets you did not a	ready list		
	س	No Yes. Give specific information			

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		George David Staretz Dolores Staretz Case number (if known) 19-14	1972
36.		e dollar value of all of your entries from Part 4, including any entries for pages you have d for Part 4. Write that number here	\$14,481.00
P	art 5:	Describe Any Business-Related Property You Own or Have an Interest In. List any i	real estate in Part 1.
37.	Do you	own or have any legal or equitable interest in any business-related property?	
	لت ا	Go to Part 6.	
	<u> </u>	s. Go to line 38.	n en
			Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accoun	ts receivable or commissions you already earned	ordina di Essa
	✓ No ☐ Yes.	. Describe	
39.		equipment, furnishings, and supplies es: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices	
	✓ No ☐ Yes.	. Describe	
40.	Machine	ery, fixtures, equipment, supplies you use in business, and tools of your trade	
	✓ No ☐ Yes.	s. Describe	
41.	Inventor	ry	
	✓ No ☐ Yes.	s. Describe	
42.	Interest	es in partnerships or joint ventures	
	✓ No ☐ Yes.	Describe Name of entity: % of ownership:	
43.	Custom	ner lists, mailing lists, or other compilations	
	✓ No ☐ Yes.	Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe	
44.	Any bus	siness-related property you did not already list	
	✓ No ☐ Yes.	s. Give specific information.	
45.		e dollar value of all of your entries from Part 5, including any entries for pages you have	\$0.00

	otor 1 George David Staretz otor 2 Dolores Staretz Case	number (if known)
Pa	art 6: Describe Any Farm- and Commercial Fishing-Related Property If you own or have an interest in farmland, list it in Part 1.	· · · · · · · · · · · · · · · · · · ·
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishin	ng-related property?
	✓ No. Go to Part 7.✓ Yes. Go to line 47.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animals Examples: Livestock, poultry, farm-raised fish	
	✓ No Yes	
48.	Cropseither growing or harvested	
•	No	
	Yes. Give specific information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	☑ No	
	☐ Yes	
50.	Farm and fishing supplies, chemicals, and feed	
	☑ No	
	☐ Yes	
51.	Any farm- and commercial fishing-related property you did not already list	
	✓ No ✓ Yes. Give specific	
	information	
52.	Add the dollar value of all of your entries from Part 6, including any entries for page attached for Part 6. Write that number here	
Pa	art 7: Describe All Property You Own or Have an Interest in That You	J Did Not List Above
53.	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership	
	□ No	
	Yes. Give specific information.	
	hand tools, power tools	\$700.00
	push mower	\$100.00
	garden tools	\$20.00
54.	Add the dollar value of all of your entries from Part 7. Write that number here	→ \$820.00

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Debtor 1 **George David Staretz** Debtor 2 **Dolores Staretz** Case number (if known) 19-14972 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2...... \$180,000.00 56. Part 2: Total vehicles, line 5 \$11,000.00 57. Part 3: Total personal and household items, line 15 \$3,945.00 \$14,481.00 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$820.00 Copy personal \$30,246.00 62. Total personal property. Add lines 56 through 61..... \$30,246.00 property total 63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$210,246.00 Case 19-14972-elf Doc 9 Filed 08/16/19 Entered 08/16/19 09:07:10 Desc Main Document Page 9 of 69

Debtor 1 Debtor 2	George David Staretz Dolores Staretz	Case number (if known)	19-14972	
12. <u>Jewel</u>	ry (details):			
watcl	h			\$5.00
costu	ıme jewelry			\$25.00

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Fill in this inf	ormation to id	lentify your case	:		
Debtor 1	George	David	Staretz		
	First Name	Middle Name	Last Name		
Debtor 2	Dolores		Staretz		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for	the: EASTERN DIS	T. OF PENNSYLVANIA	Check if this is an amended filing	
Case number (if known)	19-14972				

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the F	Property	You	Claim as	Exemp
I GIL II	IGCIIII		IOPOILY		Olulli us	LACITIE

 Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 								
2.	For any property you list on Schedule A/B th	nat you claim as exen	npt, fill in the information b	pelow.				
	of description of the property and line on the dule A/B that lists this property	Current value of the portion you own	portion you exemption you claim					
		Copy the value from Schedule A/B	Check only one box for each exemption					
hou	f description: Isehold goods and furnishings Is from <i>Schedule A/B</i> : 6	\$3,000.00	\$3,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)				
boo	f description: bks, pictures, CD's, DVD's, videos from Schedule A/B:8	\$100.00	\$100.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)				
	Are you claiming a homestead exemption of							

3. Are you claiming a nomestead exemption of more than \$170,35	(0,350	\$17	tnan	more	Οī	nption	exe	estead	nom	ng a	cıaımır	e you	Ar	3.
---	--------	-------------	------	------	----	--------	-----	--------	-----	------	---------	-------	----	----

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

(Su	bject to adjustment on 4/01/22 and every 3 years after that for cases filed on of after the date of adjustment.
$\overline{\mathbf{Q}}$	No
	Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
	□ No
	☐ Yes

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Debtor 1 **George David Staretz** Debtor 2 **Dolores Staretz** Case number (if known) 19-14972 Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$15.00 \$15.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{Q}}$ self-developing camera 100% of fair market value, up to any Line from Schedule A/B: 9 applicable statutory limit Brief description: 11 U.S.C. § 522(d)(4) \$5.00 \$5.00 \checkmark watch 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$25.00 \$25.00 11 U.S.C. § 522(d)(4) $\overline{\mathbf{Q}}$ costume jewelry 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$800.00 \$800.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{Q}}$ dogs (3), cats (10) 100% of fair market value, up to any Line from Schedule A/B: 13 applicable statutory limit \$200.00 Brief description: \$200.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{V}}$ cash in possession 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$13,900.00 $\overline{\mathbf{V}}$ \$13,900.00 11 U.S.C. § 522(d)(5) Checking account, Wood Forest Bank 100% of fair market value, up to any Line from Schedule A/B: 17.1 applicable statutory limit Brief description: \$381.00 \$381.00 11 U.S.C. § 522(d)(5) ablaChecking account, Wells Fargo 100% of fair market value, up to any Line from Schedule A/B: 17.2 applicable statutory limit Brief description: \$700.00 \$700.00 11 U.S.C. § 522(d)(3) ablahand tools, power tools 100% of fair market value, up to any Line from Schedule A/B: 53 applicable statutory limit Brief description: \$100.00 11 U.S.C. § 522(d)(3) \$100.00 $\overline{\mathbf{V}}$ push mower 100% of fair market value, up to any Line from Schedule A/B: 53 applicable statutory

limit

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Debtor 1 Debtor 2	George David Staretz Dolores Staretz		Case numbe	r (if known)	
Part 2:	Additional Page				
	ription of the property and line on A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only one box for each exemption		
Brief description: garden tools		\$20.00	\$20.00 100% of fair market	11 U.S.C. § 522(d)(3)	
Line from Schedule A/B:53			value, up to any applicable statutory limit		

Fill in this inf		dantify your acc				
	ormation to i	dentify your case	_			
Debtor 1	George First Name	David Middle Name	Staretz Last Name			
Debtor 2	Dolores		Staretz			
(Spouse, if filing)		Middle Name	Last Name			
United States Bar	nkruptcy Court fo	r the: EASTERN DI	ST. OF PENNSYLVA	NIA		
Case number	19-14972					
(if known)					Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors	Who Have Cla	aims Secured b	y Property		12/15
1. Do any credit No. Chee Yes. Fill Part 1: Lis 2. List all secure claim, list the coreditor has a	cors have claims ck this box and s in all of the information All Secured ed claims. If a coreditor separate particular claim, ible, list the claim	s, write your name a secured by your prubmit this form to the mation below. Claims reditor has more than by for each claim. If no list the other creditors is in alphabetical order.	one secured nore than one sin Part 2. As er according to the	own).		
2.1		Describe the secures the	e property that	\$13,823.00	\$11,000.00	\$2,823.00
GM Financial			an Altima (approx.			
P.O. Box 181145	5	66,000 mil				
Number Street						
Arlington City	TX 76096 - State ZIP Code	Conting	dated	s: Check all that apply.		
Who owes the deb	ot? Check one.	_ ·	en. Check all that apply	<i>/</i> .		
Debtor 1 only Debtor 2 only			ement you made (such		car loan)	
Debtor 2 only Debtor 1 and D	ebtor 2 only	_	ry lien (such as tax lien, i ent lien from a lawsuit	mechanic's lien)		
At least one of	the debtors and	anothor \Box	ncluding a right to offset)		
Check if this o			ase Money			
Date debt was inc		8 Last 4 digit	s of account number	7 6 9 6		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$13,823.00

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Debtor 1 George David Staretz Debtor 2 Dolores Staretz		_ Case number (if	known) <u>19-14972</u>	
Additional Page Part 1: After listing any entries on the sequentially from the previous	. •	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2 Select Portfolio Servicing Creditor's name	Describe the property that secures the claim: 125 Morningside Dr.,Mount	\$304,163.00	\$180,000.00	\$124,163.00
3815 South West Temple Number Street	Bethel, PA 18543			
Salt Lake City UT 84115 City State ZIP Code	As of the date you file, the claim is: Contingent Unliquidated Disputed	Check all that apply.		
Who owes the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates	Nature of lien. Check all that apply. ✓ An agreement you made (such as mortgage or secured car loan) ─ Statutory lien (such as tax lien, mechanic's lien) ─ Judgment lien from a lawsuit ✓ Other (including a right to offset) Mortgage			
Check if this claim relates to a community debt Date debt was incurred 05/26/06	Last 4 digits of account number	7 4 5 8		
2.3	Describe the property that secures the claim:	\$401.00	\$180,000.00	\$401.00
Upper Mount Bethel Township Creditor's name 387 Ye Old Highway Number Street	125 Morningside Dr.,Mount Bethel, PA 18543			
P.O. Box 520	As of the date you file, the claim is: ☐ Contingent	Check all that apply.		
Mount Bethel PA 18343 City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only	Nature of lien. Check all that apply. ☐ An agreement you made (such as ☐ Statutory lien (such as tax lien, me		car loan)	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates	Judgment lien from a lawsuit Other (including a right to offset)			
Check if this claim relates to a community debt Date debt was incurred 02/03/17	Last 4 digits of account number	3 4 7 8		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$304,564.00

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Debtor 1 Debtor 2	000.90 201.000		Case number (if known) _ 19-14972		
Part 1:	Additional Page Part 1: After listing any entries on this page, number them sequentially from the previous page.		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.4		Describe the property that secures the claim:	\$401.00	\$180,000.00	\$401.00
Upper Mount Bethel Township Creditor's name 387 Ye Old Highway Number Street P.O. Box 520		125 Morningside Dr.,Mount Bethel, PA 18543			
Mount Bethel PA 18343 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt		As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset)	mortgage or secured	car loan)	
Date debt w	vas incurred 03/03/17	Last 4 digits of account number	3 4 8 1		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$401.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$318,788.00

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Debtor 1 Debtor 2	· · · · · · · · · · · · · · · · ·			Case number (if known)	
Part :	List Others to Be Notified for a Debt That You Alrea			u Already Listed	
example then list list the a	e, if a collection agency is trying t t the collection agency here. Simi	o collect fro	m you for a deb have more than	uptcy for a debt that you already listed in Part 1. For you owe to someone else, list the creditor in Part 1, and one creditor for any of the debts that you listed in Part 1, as to be notified for any debts in Part 1, do not fill out or	
1	Creditech			On which line in Part 1 did you enter the creditor?	2.4
	Name 50 N. 7th St.,			Last 4 digits of account number	_
	Number Street			<u> </u>	
				<u> </u>	
	Bangor City	PA State	18013 ZIP Code	<u> </u>	
2	Creditech			On which line in Part 1 did you enter the creditor?	2.3
	Name 50 N. 7th St.,			Last 4 digits of account number	
	Number Street				_
	Bangor	PA	18013		
	City	State	ZIP Code		
	KML Law Group, P.C			On which line in Part 1 did you enter the creditor?	2.2
	Name Suite 5000, BNY Mellon Independent Street	endence C	tr.	Last 4 digits of account number	_
	Number Street 701 Market St.			_	
	Philadelphia	PA	19106	<u> </u>	
	City	State	ZIP Code		

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Fill in this information to identify your case:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Debtor 1 George David Staretz	
First Name Middle Name Last Name	
Debtor 2 Dolores Staretz	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA	
Case number 19-14972	
(if known)	
amended f	iling
Official Form 106E/F	
	40/45
Schedule E/F: Creditors Who Have Unsecured Claims	12/15
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executor <i>Schedule A/B: Property</i> (Official Form 106A/B) and on <i>Schedule G: Executory Contracts and Unexpired Leases</i> (On Do not include any creditors with partially secured claims that are listed in <i>Schedule D: Creditors Who Hold Claims S</i> If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Co to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims	cutory contracts ifficial Form 106G). Secured by Property.
Do any creditors have priority unsecured claims against you?	
No. Go to Part 2.	
□ Yes.	
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor seclaim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list the show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the companion of the compani	
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3.	reditor's name. If
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Priority Creditor's Name Last 4 digits of account number When was the debt incurred?	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor he claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Priority Creditor's Name Last 4 digits of account number When was the debt incurred?	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount 2.1 Priority Creditor's Name Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply.	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount 2.1 Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount 2.1 Priority Creditor's Name When was the debt incurred? When was the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount 2.1 Priority Creditor's Name When was the debt incurred? When was the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor he claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Priority Creditor's Name Last 4 digits of account number	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor he claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Priority Creditor's Name Number Street Street As of the date you file, the claim is: Check all that apply.	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Priority Creditor's Name Last 4 digits of account number Priority amount	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor h claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Priority Creditor's Name Last 4 digits of account number Priority amount	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor he claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Priority Creditor's Name Priority amount	reditor's name. If olds a particular
more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor he claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Priority Creditor's Name Priority amount	reditor's name. If olds a particular

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Debtor 1 Debtor 2	George David Staretz Dolores Staretz	Case number (if known)
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims
4. List all If a cre type of	of your nonpriority unsecured claims ditor has more than one nonpriority unsec claim it is. Do not list claims already incl	claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2.
Nonpriority Cre National R Number P.O. Box 1 Irving City Who incurr Debtor Debtor At least Check i	Cecovery Center	\$13,854.00 Last 4 digits of account number 4 1 2 4 When was the debt incurred? 10/27/17 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify lease deficiency
Amerigas Nonpriority Cre 1495 Rock Number Stroudsbu City Who incurr Debtor Debtor At least Check i	Irg PA 18360 State ZIP Code ed the debt? Check one. 1 only	\$184.00 Last 4 digits of account number 3 1 2 5 When was the debt incurred? 01/01/19 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Utility

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Debtor 1 George David Staretz Debtor 2 Dolores Staretz	Case number (if known) 19-14972	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.3		\$330.00
AmeriMark Premier	Last 4 digits of account number 8 9 0 4	
Nonpriority Creditor's Name Easy Pay Plan	When was the debt incurred? 01/01/15	
Number Street	As of the date you file, the claim is: Check all that apply.	
P.O. Box 2845	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	☐ Unliquidated ☐ Disputed	
Monroe WI 53566 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Fulctiase of Collsumer Goods	
No No		
Yes		
4.4		A4 044 00
	Last 4 digits of account number 0 9 9 5	\$1,641.00
Aspire Nonpriority Creditor's Name	Last 4 digits of account number 0 8 8 5 When was the debt incurred? 01/01/16	
PO Box 105555	<u> </u>	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
Atlanta GA 30348-5555	— Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.5		\$2,434.00
Barclays	Last 4 digits of account number 0 8 8 5	
Nonpriority Creditor's Name Card Services	When was the debt incurred? 01/01/15	
Number Street	As of the date you file, the claim is: Check all that apply.	
P.O. Box 8802	Contingent	
	☐ Unliquidated ☐ Disputed	
Wilmington DE 19899		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset? No No		
☐ Yes		

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Debtor 1 George David Staretz Debtor 2 Dolores Staretz	Case number (if known) 19-14972	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.6		\$544.00
Blaze Mastercard	Last 4 digits of account number 5 1 8 2	
Nonpriority Creditor's Name	When was the debt incurred? 01/29/17	
P.O. Box 5096 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Sioux Falls SD 57117	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No □ Yes		
4.7		\$287.00
Capital One	Last 4 digits of account number 6 4 8 2	
Nonpriority Creditor's Name	When was the debt incurred? 10/23/17	
PO Box 30285 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Salt Lake City UT 84130	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No		
Yes		
4.8		\$2,486.00
Capital One	Last 4 digits of account number 6 3 3 5	ΨZ,460.00
Nonpriority Creditor's Name	Last 4 digits of account number 6 3 3 5 When was the debt incurred? 06/29/15	
PO Box 30285		
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
California City. III 04420	Disputed	
Salt Lake City UT 84130 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	r urchase or Consumer Goods	
No		
Yes		

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Debtor 1 George David Staretz Debtor 2 Dolores Staretz	Case number (if known) 19-14972	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$449.00
Capital One	Last 4 digits of account number 4 6 8 8	
Nonpriority Creditor's Name	When was the debt incurred? 07/13/15	
PO Box 30285 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Salt Lake City UT 84130	— ☐ Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset? No		
☑ No ☐ Yes		
4.10		\$294.00
Capital One	Last 4 digits of account number5206	
Nonpriority Creditor's Name PO Box 30285	When was the debt incurred? 11/16/15	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Salt Lake City UT 84130		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	☑ Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?	Purchase of Consumer Goods	
No		
Yes		
4.11		\$1,254.00
Capital One Nonpriority Creditor's Name	Last 4 digits of account number7453	
PO Box 30285	When was the debt incurred? 01/01/17	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	— ☐ Disputed	
Salt Lake City UT 84130 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Is the claim subject to offset?	Purchase of Consumer Goods	
No No		
Yes		

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Debtor 1 George David Staretz Debtor 2 Dolores Staretz	Case number (if known) _ 19-14972	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.12		\$304.00
Comenity Bank/Bon Ton	Last 4 digits of account number 2 1 1 7	
Nonpriority Creditor's Name	When was the debt incurred? 10/04/17	
Bankruptcy Dept. Number Street	As of the date you file, the claim is: Check all that apply.	
P.O. Box 182125	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Columbus OH 43218-2125		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations grising out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.13		\$1,048.00
Comenity Bank/Dental First	Last 4 digits of account number 5 7 8 0	
Nonpriority Creditor's Name	When was the debt incurred? 09/06/16	
Rumber Street	As of the date you file, the claim is: Check all that apply.	
P.O. Box 182125	_ ☐ Contingent	
	Unliquidated	
Columbus OH 43218-2125	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Dental services	
Is the claim subject to offset?	Domai doi vided	
☑ No		
Yes		
4.14		¢240.00
	Last 4 digits of account number 7 7 9 9	\$340.00
Comenity Bank/Venus Nonpriority Creditor's Name	_ Last 4 digits of account number 7 7 8 8	
Bankruptcy Department	When was the debt incurred? 09/26/16	
Number Street P.O. Box 182125	As of the date you file, the claim is: Check all that apply.	
1.0. Box 102123	_	
	Disputed	
Columbus OH 43218-2125 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 Debtor 2	George David Staretz Dolores Staretz	Case number (if known) 19-14972	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
	ng any entries on this page, number the	m sequentially from the	Total claim
4.15	page.		
CreditOn		Last 4 digits of account number 4 4 4 7	\$798.00
Nonpriority C	Creditor's Name	Last 4 digits of account number 4 4 4 7 When was the debt incurred? 06/06/17	
P.O. Box Number	98873 Street	As of the date you file, the claim is: Check all that apply.	
Number	Sileet	_ ☐ Contingent	
		Unliquidated	
Las Vega	ns NV 89193	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	☐ Student loans	
	r 1 only r 2 only	Obligations arising out of a separation agreement or divorce	
	r 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the debtors and another	Other. Specify	
☐ Check	if this claim is for a community debt	Purchase of Consumer Goods	
Is the clair	m subject to offset?		
✓ No			
Yes			
4.16			\$254.00
Dish Net	work	Last 4 digits of account number 3 5 3 4	<u> </u>
	Creditor's Name	When was the debt incurred? 01/01/17	
P.O. Box Number	Street	As of the date you file, the claim is: Check all that apply.	
		_ ☐ Contingent	
		Unliquidated	
Littleton	CO 80160	─ ☐ Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	☐ Student loans	
	r 1 only r 2 only	Obligations arising out of a separation agreement or divorce	
_	r 1 and Debtor 2 only	that you did not report as priority claims	
	st one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check	if this claim is for a community debt	Satellite service	
	m subject to offset?		
☑ No			
Yes			
4.17			\$735.00
Emergen	cy Physician Assoc. N	Last 4 digits of account number 1 1 8 1	
	Creditor's Name	When was the debt incurred? 06/30/18	
Number	vergreen Ave.,, Ste. 201 Street	As of the date you file, the claim is: Check all that apply.	
Woodbur	y, NJ 8096	_ Contingent	
		☐ Unliquidated ☐ ☐ Disputed	
City Who incur	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one. r 1 only	Student loans	
	r 2 only	Obligations arising out of a separation agreement or divorce	
Debtor	r 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
_	st one of the debtors and another	Other. Specify	
☐ Check	if this claim is for a community debt	Medical Services	
	m subject to offset?		
✓ No ☐ Yes			
Yes			

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ebtor 1 George David Staretz ebtor 2 Dolores Staretz Case number (if known) 19-14972		
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.18		\$796.00
Fingerhut	Last 4 digits of account number 5 9 7 2	
Nonpriority Creditor's Name	When was the debt incurred? 10/19/15	
P.O. Box 1250 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Sueet	□ Contingent □ Unliquidated	
St. Cloud MN 56395-1250	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	✓ Other. Specify	
Is the claim subject to offset?	Purchase of Consumer Goods	
No		
Yes		
4.19		\$537.00
First Access Card	Last 4 digits of account number3462_	
Nonpriority Creditor's Name P.O. Box 89028	When was the debt incurred? 11/12/18	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Sioux Falls SD 57109-9028	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No □ Yes		
Yes		
4.20		\$433.00
First National Bank	Last 4 digits of account number 4 2 3 9	
Nonpriority Creditor's Name	When was the debt incurred? 02/20/16	
500 E. 60th Street N.		
Number Street	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
	Disputed	
Sioux Falls SD 57104		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations original out of a constation agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No		
Yes		

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ebtor 1 George David Staretz Dolores Staretz Case number (if known) 19-14972		
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.21		\$512.00
First Premier Bank	Last 4 digits of account number 5 1 7 8	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred? 07/13/15	
P.O. Box 5524 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
Sioux Falls SD 57117-5524	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Fulctiase of Consumer Goods	
✓ No ☐ Yes		
4.22		\$658.00
First Premier Bank	_ Last 4 digits of account number _5_ 1_ 7_ 8_	
Nonpriority Creditor's Name P.O. Box 5524	When was the debt incurred? 05/05/15	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Sioux Falls SD 57117-5524	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
☐ Debtor 1 only ☐ Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?	Turonass or concumer codas	
✓ No		
Yes		
4.23		\$994.00
First Premier Bank	Last 4 digits of account number <u>5</u> <u>1</u> <u>7</u> <u>8</u>	
Nonpriority Creditor's Name P.O. Box 5524	When was the debt incurred? 07/03/15	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Sioux Falls SD 57117-5524	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Fulcilase of Collsullier Goods	
No		
▼ Yes		

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Debtor 1 Debtor 2	George David Staretz Dolores Staretz	Case number (if known) _ 19-14972	
Part 2:	Your NONPRIORITY Unsecure	ed Claims Continuation Page	
	g any entries on this page, number them	sequentially from the	Total claim
4.24	aye.		\$447.00
First Savi	ngs Credit Card	Last 4 digits of account number 5 4 3 3	Ψ-1.00
Nonpriority Cr	editor's Name	When was the debt incurred? 07/23/16	
P.O. Box 5	5019 Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		Unliquidated	
Sioux Fall	s SD 57117	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurr ☐ Debtor	ed the debt? Check one.	☐ Student loans	
Debtor:	•	Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	one of the debtors and another	✓ Other. Specify	
☐ Check	if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim	subject to offset?		
☑ No			
Yes			
4.25			\$1,351.00
Fortiva		Last 4 digits of account number 4 9 8 1	Ψ1,001.00
Nonpriority Cr	editor's Name	When was the debt incurred? 11/07/16	
P.O. Box 1		As of the date you file, the claim is: Check all that apply.	
Number	Street	Contingent	
		Unliquidated	
Atlanta	CA 20249 EEEE	Disputed	
Atlanta City	GA 30348-5555 State ZIP Code	Type of NONPRIORITY unsecured claim:	
	ed the debt? Check one.	Student loans	
Debtor		Obligations arising out of a separation agreement or divorce	
✓ Debtor	z only 1 and Debtor 2 only	that you did not report as priority claims	
_	one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	if this claim is for a community debt	Other. Specify Purchase of Consumer Goods	
	subject to offset?	r di dilacci di della dilacci	
☑ No	-		
Yes			
4.26			#05.00
	own Emergency Medical Accept	Last 4 digits of account number 2 4 9 2	\$25.00
	own Emerrgency Medical Associat editor's Name	<u> </u>	
P.O. Box 5		When was the debt incurred? 06/22/18	
Number	Street	As of the date you file, the claim is: Check all that apply.	
	N.I. 07054 0400	Disputed	
Parsippan City	NJ 07054-6483 State ZIP Code	Type of NONDRIORITY unccoured eleims	
	ed the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor		Obligations arising out of a separation agreement or divorce	
Debtor :	•	that you did not report as priority claims	
	1 and Debtor 2 only one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
_	if this claim is for a community debt	Other. Specify Medical Services	
_	subject to offset?	INICUICAL SCI VICES	
No No	. Judgoot to ondet:		
Yes			

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Debtor 1 George David Staretz Debtor 2 Dolores Staretz Case number (if known) 19-14972		
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number them sequentially from the previous page.		Total claim
4.27		\$288.00
Indigo	Last 4 digits of account number 5 1 0 0	
Nonpriority Creditor's Name	When was the debt incurred? 11/08/17	
Bankcard Services Number Street	As of the date you file, the claim is: Check all that apply.	
P.O. Box 4499	_ Contingent	
	Unliquidated	
Beaverton OR 97076-4499	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No		
Yes		
4.28		¢2 422 00
	Last 4 digits of account number 1 9 2 0	\$3,432.00
Joseph P. Melillo Nonpriority Creditor's Name	Last 4 digits of account number 1 8 2 9	
61 Morningside Dr.	When was the debt incurred? 03/01/19	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	— ☐ Disputed	
Mt Bethel PA 18343 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another		
Check if this claim is for a community debt	Judgment	
Is the claim subject to offset? ✓ No		
Yes		
4.29		\$0.00
Lehigh Valley Health Network	Last 4 digits of account number 7 9 8 7	
Nonpriority Creditor's Name Patient Account Dept.	When was the debt incurred? 05/01/19a73aaa	
Number Street	As of the date you file, the claim is: Check all that apply.	
P.O. Box 4120	_ Contingent	
	Unliquidated	
Allentown PA 18105-4120	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Medical Services	
Is the claim subject to offset?		
No		
☐ Yes		

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	George David Staretz Dolores Staretz	Case number (if known) _ 19-14972	
Part 2:	Your NONPRIORITY Unsecur	red Claims Continuation Page	
	ny entries on this page, number the	m sequentially from the	Total claim
4.30	е.		
	y Physician Croup	Lact 4 digits of account number 7 7 0 2	\$107.00
Nonpriority Cred		Last 4 digits of account number 7 7 9 2 When was the debt incurred? 01/31/19	
P.O. Box 17	54 eet	As of the date you file, the claim is: Check all that apply.	
		_ ☐ Contingent	
		Unliquidated	
Allentown	PA 18105-1754	Disputed	
City Who incurred	State ZIP Code the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 c		Student loans Obligations original out of a constraint agreement or diverse	
Debtor 2 o	The state of the s	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
ш.	and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
_	ne of the debtors and another	Other. Specify	
_	his claim is for a community debt	Medical Services	
No No	ubject to offset?		
Yes			
4 24			
4.31			\$2,185.00
Merrick Ban Nonpriority Credi		_ Last 4 digits of account number 4 1 2 0	
P.O. Box 92	01	When was the debt incurred? 01/01/17	
Number Str	eet	As of the date you file, the claim is: Check all that apply. _ ☐ Contingent	
		Unliquidated	
Old Bethpag	ne NY 11804	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred		Student loans	
Debtor 1 c		Obligations arising out of a separation agreement or divorce	
ш	and Debtor 2 only	that you did not report as priority claims	
	ne of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if t	his claim is for a community debt	Purchase of Consumer Goods	
	ubject to offset?		
✓ No ☐ Yes			
Yes			
4.32			\$559.00
	dit Management	Last 4 digits of account number 4 3 1 3	
Nonpriority Credi	tor's Name ide Drive, Ste. 300	When was the debt incurred? 01/01/17	
	eet	As of the date you file, the claim is: Check all that apply.	
		_ Contingent	
		Unliquidated Disputed	
San Diego	CA 92108		
City Who incurred	State ZIP Code the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 o	only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 o	•	that you did not report as priority claims	
	and Debtor 2 only ne of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
_	his claim is for a community debt	Other. Specify Collecting for Capital One	
_	ubject to offset?	Collecting for Capital One	
✓ No	,		
Yes			

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ebtor 1 George David Staretz bolores Staretz Case number (if known) 19-14972		
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.33		\$722.00
Midland Funding, LLC	Last 4 digits of account number 3 4 6 8	
Nonpriority Creditor's Name 2365 Northside Drive, Ste. 300	When was the debt incurred? 06/01/17	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
San Diego CA 92108		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Collecting for HSBC	
Is the claim subject to offset? No		
☑ No ☐ Yes		
4.34		\$1,600.00
Midland Funding, LLC	Last 4 digits of account number3732_	
Nonpriority Creditor's Name 2365 Northside Drive, Ste. 300	When was the debt incurred? 07/01/17	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	— ☐ Disputed	
San Diego CA 92108 City State ZIP Code	_	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
	✓ Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?	Collecting for GE Money Bank	
No		
Yes		
4.35		A4 400 00
	Lock A digita of account number 0 0 0 0	\$1,480.00
Mission Lane Nonpriority Creditor's Name	Last 4 digits of account number 9 3 6 6	
Customer Service	When was the debt incurred? 10/12/17	
Number Street P.O. Box 31535	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
Tompo El 22624.2525	Disputed	
Tampa FL 33631-3535 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No		
Yes		

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Debtor 1 George David Star Debtor 2 Dolores Staretz	etz	Case number (if known) _ 19-14972	
Part 2: Your NONPRIO	RITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number them sequentially from the			Total claim
previous page. 4.36			\$52.00
MRI Associates of Hackettsto	wn	Last 4 digits of account number 1 9 6 6	φ32.00
Nonpriority Creditor's Name		When was the debt incurred? 08/07/17	
657 Willow Grove St., Ste. 205 Number Street	·	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		Unliquidated	
Hackettstown NJ	07840	Disputed	
City State	ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check ☐ Debtor 1 only	one.	Student loans	
Debtor 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only		Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and		Other. Specify	
Check if this claim is for a co	mmunity debt	Medical Services	
Is the claim subject to offset?			
✓ No ☐ Yes			
4.37			\$98.00
Mt. Bethel Medical Center, LL	C	Last 4 digits of account number 6 2 7 2	
Nonpriority Creditor's Name 10 Mt. Bethel Plaza		When was the debt incurred? 05/17/19	
Number Street		As of the date you file, the claim is: Check all that apply.	
		Contingent	
		☐ Unliquidated ☐ Disputed	
Mount Betel PA	18343-0043	Disputed	
City State Who incurred the debt? Check	ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check Debtor 1 only	one.	Student loans	
Debtor 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only		Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and		Other. Specify	
☐ Check if this claim is for a co	mmunity debt	Medical Services	
Is the claim subject to offset?			
✓ No Yes			
4.38			\$1,153.00
Pocono Emergency Physician	ıs	Last 4 digits of account number 8 2 1 9	
Nonpriority Creditor's Name P.O. Box 8510		When was the debt incurred? 01/01/18	
Number Street		As of the date you file, the claim is: Check all that apply.	
		Contingent	
		☐ Unliquidated ☐ Disputed	
Philadelphia PA	19101		
City State Who incurred the debt? Check	ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor 1 only		Student loans Obligations arising out of a congration agreement or divorce	
Debtor 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	on other	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and		Other. Specify	
Check if this claim is for a co	mmunity debt	Medical Services	
Is the claim subject to offset?			
✓ No ☐ Yes			

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Debtor 1 George David Staretz Debtor 2 Dolores Staretz	Case number (if known) 19-14972	
Part 2: Your NONPRIORITY Unsec	cured Claims Continuation Page	
After listing any entries on this page, number them sequentially from the		Total claim
previous page. 4.39		\$23.00
Premier Health Associates, L.L.C.	Last 4 digits of account number 0 9 9 0	φ23.00
Nonpriority Creditor's Name	When was the debt incurred? 02/26/18	
Street Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Sparta NJ 07871-4411	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
✓ No		
Yes		
4.40		\$47.00
Publishers Clearing House	Last 4 digits of account number 0 7 1 8	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred? 01/01/19`	
Customer Service		
Number Street 101 Winners Circle	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
Port Weekington NV 44050	Disputed	
Port Washington NY 11050 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify Purchase of Consumer Goods	
Is the claim subject to offset?	Fulchase of Consumer Goods	
✓ No		
Yes		
4.41		
4.41		\$692.00
Salute/UTB Nonpriority Creditor's Name	Last 4 digits of account number 0 8 8 0	
P.O. Box 105555	When was the debt incurred? 01/01/18	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
	Disputed	
Atlanta GA 30348 City State ZIP Code	Toward Montphiopity	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset? No		
✓ No Yes		

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Debtor 1 George David Staretz Debtor 2 Dolores Staretz	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.42		\$555.00
Sprint	Last 4 digits of account number 5 6 6 4	
Nonpriority Creditor's Name	When was the debt incurred? 06/29/17	
P.O. Box 7993 Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent☐ Unliquidated	
Overland Park KS 66207	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
Check if this claim is for a community debt	Telecommunications	
Is the claim subject to offset? ☑ No		
Yes		
4.43		\$338.00
St. Luke's Emergency Physicians	Last 4 digits of account number2 _ 9 _ 0 _ 6	
Nonpriority Creditor's Name P.O. Box 749	When was the debt incurred? 08/01/18	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Scranton PA 18501		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Medical Services	
Is the claim subject to offset?		
☑ No		
Yes		
4.44		\$891.00
Stiles Lawn Maintenance	Last 4 digits of account number3474	
Nonpriority Creditor's Name 231 Washington Blvd.	When was the debt incurred? 11/28/16	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Bangor PA 18013		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a constration agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 George David Staretz Debtor 2 Dolores Staretz	Case number (if known) 19-14972	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number them sequentially from the previous page.		Total claim
4.45		\$967.00
Synchrony Bank/Gap Nonpriority Creditor's Name	Last 4 digits of account number2758_	
Attn: Bankruptcy Dept.	When was the debt incurred? 04/01/18	
Number Street P.O. Box 965060	As of the date you file, the claim is: Check all that apply.	
1.0. Box 303000	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	Disputed	
Orlando FL 32896-5060 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No		
Yes		
4.46		\$1,233.00
Synchrony Bank/JC Penney	Last 4 digits of account number 1 5 2 1	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred? 05/01/18	
Attn: Bankruptcy Dept. Number Street	As of the date you file, the claim is: Check all that apply.	
P.O. Box 965060	_ ☐ Contingent	
	Unliquidated	
Orlando FL 32896-5060	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset? ✓ No		
☐ Yes		
4.47		* C22.00
Target National Bank	Last 4 digits of account number 5 2 8 9	\$632.00
Nonpriority Creditor's Name	Last 4 digits of account number 5 2 8 9 When was the debt incurred? 08/01/18	
C/o Target Credit Services Number Street	As of the date you file, the claim is: Check all that apply.	
P.O. Box 1581	_ ☐ Contingent	
	Unliquidated	
Minneapolis MN 55440	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No ☐ Yes		

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btor 1 George David Staretz btor 2 Dolores Staretz Case number (if known) 19-14972		
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.48		\$537.00
Total Visa	Last 4 digits of account number 4 3 1 7	<u> </u>
Nonpriority Creditor's Name P.O. Box 91510	When was the debt incurred? 09/09/15	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Sioux Falls SD 57109-1510		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.49		\$528.00
Total Visa	Last 4 digits of account number 4 0 5 7	
Nonpriority Creditor's Name P.O. Box 91510	When was the debt incurred? 08/01/15	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Sioux Falls SD 57109-1510	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Purchase of Consumer Goods	
Is the claim subject to offset?		
✓ No		
Yes		
4.50		\$5,000.00
United States of America	Last 4 digits of account number	\$5,000.00
Nonpriority Creditor's Name	When was the debt incurred? 01/10/19	
Railroad Retirement Board Number Street	As of the date you file, the claim is: Check all that apply.	
Siniawa Plaza II	_ ☐ Contingent	
717 Scranton Carbondale	Unliquidated	
Scranton PA 18508	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Benefits overpayment	
Is the claim subject to offset?	• •	
☑ No		
Yes		

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	-				Case number (if known) 19-14972			
Part 3: List C	thers to Be	Notified Abo	ut a De	bt That	You Already	/ Lis	sted	
For example, if a creditor in Parts	collection ag 1 or 2, then li sted in Parts	ency is trying to st the collection or 2, list the add	collect f agency l ditional c	rom you fon nere. Simi reditors h	or a debt you d larly, if you ha	owe i	bt that you already listed in Parts 1 or 2. to someone else, list the original nore than one creditor for any of the have additional parties to be notified for	
Berks Credit & Col	On which entry in Part 1 or Part 2 did you list the original creditor?							
Name P.O. Box 329	Line	4.43 of	(Check one):		Part 1: Creditors with Priority Unsecured Claims			
Number Street						Part 2: Creditors with Nonpriority Unsecured Claims		
			— — Last	4 digits of	account num	ber		
Temple City	PA State	19560 ZIP Code	_	g				
Oity	Otato	211 0000						
Capital One Name			On w	On which entry in Part 1 or Part 2 did you list the original creditor?				
PO Box 30285			Line	4.32 of	(Check one):		Part 1: Creditors with Priority Unsecured Claims	
Number Street							Part 2: Creditors with Nonpriority Unsecured Claims	
			— Last	4 digits of	account num	ber		
Salt Lake City City	UT State	84130 ZIP Code	_					
•								
CBCS Name			On w	hich entry	in Part 1 or F	art 2	2 did you list the original creditor?	
P.O. Box 2724 Number Street			Line	4.30 of	(Check one):		Part 1: Creditors with Priority Unsecured Claims	
Number Officer			_				Part 2: Creditors with Nonpriority Unsecured Claims	
			— Last	4 digits of	account num	ber		
Columbus City	OH State	43216-2724 ZIP Code						
•								
Contract Callers, Inc. Name			On which entry in Part 1 or Part 2 did you list the original creditor?					
501 Greene St. Number Street			Line	4.2 of	(Check one):		Part 1: Creditors with Priority Unsecured Claims	
3rd Floor, Ste. 302							Part 2: Creditors with Nonpriority Unsecured Claims	
			Last 4 digits of account number					
Augusta City	GA State	30901 ZIP Code						
-								
Creditech ^{Name}			On w	On which entry in Part 1 or Part 2 did you list the original creditor?				
50 N. 7th St., Number Street			Line	4.44 of	(Check one):		Part 1: Creditors with Priority Unsecured Claims	
Number Street						$\overline{\mathbf{V}}$	Part 2: Creditors with Nonpriority Unsecured Claims	

Bangor

City

Last 4 digits of account number

18013

PΑ

State

Debtor 2 George D Dolores S	avid Staretz Staretz	Case number (if known) _ 19-14972				
Part 3: List Otl	ners to Be Notified Ab	out a Debt That You Already Listed Continuation Page				
Diversified Consulta	nts	On which entry in Part 1 or Part 2 did you list the original creditor?				
Name 10550 Deerwood Par	k Blvd.	Line 4.42 of <i>(Check one):</i> \square Part 1: Creditors with Priority Unsecured Claims				
Number Street 309		Part 2: Creditors with Nonpriority Unsecured Claims				
		_				
Jacksonville City	FL 32256-0596 State ZIP Code	— Last 4 digits of account number				
Jefferson Capital Sy	stems, LLC	On which entry in Part 1 or Part 2 did you list the original creditor?				
Name 16 McLeland Road		Line 4.41 of <i>(Check one):</i> \square Part 1: Creditors with Priority Unsecured Claims				
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims				
Saint Cloud	MN 56303-2198 State ZIP Code	Last 4 digits of account number				
Jefferson Capital Sy	stems, LLC	On which entry in Part 1 or Part 2 did you list the original creditor?				
Name P.O. Box 7999	,	Line 4.41 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims				
		— Last 4 digits of account number				
St. Cloud City	MN 56302 State ZIP Code					
Jefferson Capital Sys	stems, LLC	On which entry in Part 1 or Part 2 did you list the original creditor?				
16 McLeland Road		Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims				
		— Last 4 digits of account number				
Saint Cloud	MN 56303-2198					
City	State ZIP Code					
Jefferson Capital Sy	stems, LLC	On which entry in Part 1 or Part 2 did you list the original creditor?				
Name P.O. Box 7999		Line 4.19 of <i>(Check one):</i> \square Part 1: Creditors with Priority Unsecured Claims				
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims				
		— Last 4 digits of account number				
St. Cloud City	MN 56302 State ZIP Code					
Lendup Card- TAB B	ank	On which entry in Part 1 or Part 2 did you list the original creditor?				
Name 47 Maiden Lane		Line 4.35 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims				
Lendup						
San Francisco	CA 94108	Last 4 digits of account number				
City	State ZIP Code					

Debtor 1 George Da Debtor 2 Dolores St		etz		C:	ase	number (if known)
Part 3: List Oth	ers to B	e Notified Ab	out a Debt That You	Already	Lis	sted Continuation Page
LVNV Funding LLC			On which entry in P	art 1 or Pa	rt 2	? did you list the original creditor?
Name P.O. Box 10497 Number Street			Line 4.15 of (Che		_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Greenville City	SC State	29603 ZIP Code	Last 4 digits of acco	ount numb	er	
NCO			On which entry in P	art 1 or Pa	rt 2	did you list the original creditor?
Name 4740 Baxter Raod Number Street			Line 4.38 of (Che	eck one):	☑	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Virginia Beach City	VA State	23462 ZIP Code	Last 4 digits of acco	ount numbe	er	
Portfolio Recovery As	ssociates	, LLC	On which entry in P	art 1 or Pa	rt 2	did you list the original creditor?
Name P.O. Box 41067 Number Street			Lineof (Che		_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Norfolk City	VA State	23541 ZIP Code	Last 4 digits of acco	ount numb	er	
Remex, Inc.			On which entry in P	art 1 or Pa	rt 2	did you list the original creditor?
Name 307 Wall St. Number Street Princeton, NJ 8540			Line of (Che		□ ☑	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of acco	ount numb	er	
City	State	ZIP Code				
Stellar Recovery, Inc.			On which entry in P	art 1 or Pa	rt 2	did you list the original creditor?
1327 Highway 2 W, So Number Street	uite 100		Line <u>4.16</u> of <i>(Che</i>	ŕ	ш	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Kalispell City	MT State	59901 ZIP Code	Last 4 digits of acco	ount numb	er	
Sunrise Credit Servic	es, Inc		On which entry in P	art 1 or Pa	rt 2	? did you list the original creditor?
Name P.O. Box 9100 Number Street			Line 4.40 of (Che	•	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Farmingdale	NY	11735	— Last 4 digits of acco	ount numb	er	
City	State	ZIP Code				

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Debtor 1 Debtor 2	George David S Dolores Stareta		tz				Case	number (if known) 19-14972
Part 3:	List Others t	to Be	Notified Abou	ıt a Debt Th	at `	_		sted Continuation Page
Total Visa	a			On which	entry	in Part 1 or P	art 2	2 did you list the original creditor?
Name P.O. Box	85710			Line 4.49	of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number	Street						\Box	Part 2: Creditors with Nonpriority Unsecured Claims
				– – Last 4 digi	ts of	account num	ber	
Sioux Fal		State	57118 ZIP Code	_				
Total Visa	a			On which	entry	/ in Part 1 or P	art 2	2 did you list the original creditor?
Name P.O. Box	85710			Line 4.48	of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number	Street						$\overline{\mathbf{Q}}$	Part 2: Creditors with Nonpriority Unsecured Claims
		_		– Last 4 digi	ts of	account num	ber	
Sioux Fal		State	57118 ZIP Code	_				
United St	ates of America			On which	entry	/ in Part 1 or P	art 2	2 did you list the original creditor?
Name Railroad	Retirement Board	d		Line 4.50	of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number	Street overy Division							Part 2: Creditors with Nonpriority Unsecured Claims
844 North	n Rush Street				ام م	account num	har	
Chicago	I	L	60611-1275	Last 4 digi	15 01	account num	Dei	
City	S	State	ZIP Code	_				
Wakefield Name	d and Associates			On which	entry	in Part 1 or P	art 2	2 did you list the original creditor?
7005 Mid	dlebrook Pike			Line 4.17	of_	(Check one):		Part 1: Creditors with Priority Unsecured Claims
Number	Street			_			$ \sqrt{} $	Part 2: Creditors with Nonpriority Unsecured Claims
		FNI	27000	 Last 4 digi 	ts of	account num	ber	
Knoxville City		T N State	37909 ZIP Code	_				

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Debtor 1	George David Staretz		
Debtor 2	Dolores Staretz	Case number (if known)	19-14972

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Add the Amounts for Each Type of Unsecured Claim

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nomi art i	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🕇	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$56,108.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$56,108.00

Part 4:

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Fill in this inf	ormation to iden							
Debtor 1	George First Name	David Middle Name	Staretz Last Name					
Debtor 2	Dolores	Middle Name	Staretz					
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bar	United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA							
Case number (if known)	19-14972				Check if this is an amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this inf	ormation to iden						
Debtor 1	George	David	Staretz				
Debtor 2	First Name Dolores	Middle Name	Last Name Staretz				
(Spouse, if filing)		Middle Name	Last Name				
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA							
Case number (if known)	19-14972				Check if this is an amended filing		

Official Form 106H

✓ No ☐ Yes

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

	include Arizona, California, Idaho, Louisiana, Nevada, Nev	w Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)				
	No. Go to line 3.					
	Yes. Did your spouse, former spouse, or legal equiv	alent live with you at the time?				
	_ No					
	Yes					
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106C Schedule D, Schedule E/F, or Schedule G to fill out Column 2.						
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt				
		Check all schedules that apply:				

Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories

Official Form 106H Schedule H: Your Codebtors page 1

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Fill in this infor	mation to identify	y your case:				
Debtor 1	George	David	Staretz			
	First Name	Middle Name	Last Name	Che	eck if this is:	
Debtor 2	Dolores		Staretz	_	An amended filing	
(Spouse, if filing)	First Name	Middle Name	Last Name	┈╽╙	7 th amondod ming	
United States Ban	United States Bankruptcy Court for the:		EASTERN DIST. OF PENNSYLVANIA		A supplement showing postpetition chapter 13 income as of the following date	
Case number	19-14972				onaptor to moome as of the following date.	
(if known)					MM / DD / YYYY	

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe	Employ	/ment
ı aıtı.	Describe		,,,,,

	ill in your employment nformation.		Debtor 1		Debtor 2 or non-filir	ng spouse
jo W	you have more than one ob, attach a separate page with information about dditional employers.	Employment status Occupation	☐ Employed✓ Not employed		☐ Employed ☐ Not employed	
	nclude part-time, seasonal, r self-employed work.	Employer's name				
S	Occupation may include tudent or homemaker, if it pplies.	Employer's address	Number Street		Number Street	
		How long employed th	City	State Zip Code	City	State Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

Car Dabter 4

Far Dahtar 2 ar

				non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$0.00	\$0.00
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$0.00	\$0.00

Official Form 106l Schedule I: Your Income page 1

	tor 1 tor 2	George David Staretz Dolores Staretz		Case nun	nber (if known) 19-	14972
				For Debtor 1	For Debtor 2 or non-filing spouse	_
	Cop	y line 4 here	4.	\$0.00	\$0.00	
5.	List	all payroll deductions:				
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$0.00	<u>\$0.00</u>	
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e.	Insurance	5e.	\$0.00	\$0.00	
	5f.	Domestic support obligations	5f.	\$0.00	\$0.00	
	5g.	Union dues	5g.	\$0.00	\$0.00	
	5h.	Other deductions. Specify:	5h. +	\$0.00	\$0.00	
6.	Add 5g +	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$0.00	\$0.00	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00	
8.	List	all other income regularly received:				
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	\$0.00	
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
	8b.	Interest and dividends	8b.	\$0.00	\$0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	\$0.00	
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	8d.	Unemployment compensation	8d.	\$0.00	\$0.00	
	8e.	Social Security	8e.	\$0.00	\$0.00	
		Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	Of.	*	*	
	_	Specify:	8f.	\$0.00	\$0.00	
	•	Pension or retirement income	8g.	<u>\$3,595.21</u>	<u>\$1,433.50</u>	
	8h.	Other monthly income. Specify:	8h. +	\$0.00	\$0.00	
9.	Add	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$3,595.21	\$1,433.50	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,595.21	+ \$1,433.50	= \$5,028.71
11.	Inclu	e all other regular contributions to the expenses that you list in S de contributions from an unmarried partner, members of your househ ds or relatives.			r roommates, and oth	ner
	Do n	ot include any amounts already included in lines 2-10 or amounts tha	t are no	ot available to pay e	expenses listed in Sch	
	Spec	cify:			11.	+ \$0.00
12.		the amount in the last column of line 10 to the amount in line 11.				\$5,028.71
		me. Write that amount on the Summary of Your Assets and Liabilities applies.	and C	ertain Statistical Inf	formation,	Combined
40		••	L!_ (-	0		monthly income
13.	^	ou expect an increase or decrease within the year after you file t	nis for	m <i>!</i>		
		No. None. Yes. Explain:				

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							_			
	ill in this inform	nation to ide	ntify you	ır case:			Che	eck if this	s is:	
	Debtor 1	George		vid	Stare		_		ended filing	
		First Name	Mid	dle Name	Last Na	me			lement showing r 13 expenses a	
	Debtor 2 (Spouse, if filing)	Dolores First Name	Mid	dle Name	Stare Last Na		-		ng date:	is of the
	United States Bankr	untey Court for	the FAS	TERN DIST.	OF PENI	ISYI VANIA		NANA / E	ND (1000)	
	Case number	19-14972	<u> </u>		<u> </u>	10.217.417.	-	MIM / L	DD / YYYY	
	(if known)									
0	fficial Form 10	<u> 165</u>								
S	chedule J: Yo	ur Expen	ses							12/15
nai	as complete and active and active and case number	f more space is er (if known). /	s needed, a Answer eve	attach another	-		-	-	•	
Ŀ	Part 1: Descri	be Your Ho	usehold							
1.	Is this a joint case	e?								
	No	ebtor 2 live in	-		, Expense	s for Separate Hous	sehold o	f Debtor	2.	
2.	Do you have depo	endents?	☑ No			Dependent's rela	ıtionshi	n to	Dependent's	Does dependent
	Do not list Debtor Debtor 2.	1 and	_	Fill out this info ch dependent		Debtor 1 or Debt		<i>p</i> 10	age	live with you?
	Do not state the de names.	ependents'								Yes No Yes No Yes Yes
3.	Do your expense expenses of peopyourself and your	ole other than		No Yes						No Yes No Yes
Ŀ	Part 2: Estima	ate Your On	going Mo	onthly Expe	nses					
to	timate your expens report expenses as form and fill in the	of a date after	the bankru	-	-	-			•	
	lude expenses paid ch assistance and h						f		Your expens	ses
4.	The rental or hom Include first mortga								4.	\$1,199.52
	If not included in	line 4:								
	4a. Real estate ta	axes							4a	\$0.00
	4b. Property, hon	neowner's, or re	nter's insur	ance					4b	\$0.00
	4c. Home mainte	nance, repair, a	and upkeep	expenses					4c.	\$100.00
		association or		·					4d	\$0.00

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Debtor 2 Dolores Staretz	Case number (if known) 19	-14972
	Your expe	nses
5. Additional mortgage payments for your residence, such as home equity loan	s 5	\$0.00
5. Utilities:		
6a. Electricity, heat, natural gas	6a	\$441.00
6b. Water, sewer, garbage collection	6b	\$267.00
 Telephone, cell phone, Internet, satellite, and cable services 	6c	\$211.00
6d. Other. Specify: Internet	6d	\$65.00
7. Food and housekeeping supplies	7.	\$600.00
c. Childcare and children's education costs	8.	\$0.00
. Clothing, laundry, and dry cleaning	9.	\$100.00
0. Personal care products and services	10.	\$40.00
1. Medical and dental expenses	11.	\$192.00
Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$350.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
4. Charitable contributions and religious donations	14.	\$0.00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	 15b.	\$0.00
15c. Vehicle insurance	 15c.	\$80.00
15d. Other insurance. Specify:	 15d.	
6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 2	20.	
Specify:	16.	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a	\$370.00
17b. Car payments for Vehicle 2		
17c. Other. Specify:	17c	
17d. Other. Specify:	17d	
8. Your payments of alimony, maintenance, and support that you did not repo deducted from your pay on line 5, Schedule I, Your Income (Official Form 10		\$0.00
9. Other payments you make to support others who do not live with you.		
Specify:	19.	\$0.00

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Debtor 1 Debtor 2		George David Staretz Dolores Staretz	Case number (if known)	19-14972			
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.					
	20a.	Mortgages on other property	20a	\$0.00			
	20b.	Real estate taxes	20b	\$0.00			
	20c.	Property, homeowner's, or renter's insurance	20c	\$0.00			
	20d.	Maintenance, repair, and upkeep expenses	20d	\$0.00			
	20e.	Homeowner's association or condominium dues	20e	\$0.00			
21.	Other	r. Specify: See continuation sheet	21. +_	\$295.00			
22.	Calcu	alate your monthly expenses.					
	22a.	Add lines 4 through 21.	22a	\$4,410.52			
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b				
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$4,410.52			
23.	Calcu	ulate your monthly net income.					
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$5,028.71			
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$4,410.52			
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$618.19			
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	ı file this form?				
		For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?					
		No.					
	□ `	Yes. Explain here: None.					

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Debtor 1 George David Staretz

Debtor 2 Dolores Staretz

Case number (if known) 19-14972

21. Other. Specify:
Auto Maintenance and repair
Pet food/ veternarian
Hair cuts

Specify: \$100.00
\$150.00\$

Total: \$295.00

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Fill in this information to identify your case:					
Debtor 1	George	David	Staretz		
	First Name	Middle Name	Last Name		
Debtor 2	Dolores		Staretz		
(Spouse, if filing) First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court fo	or the: EASTERN DIS	T. OF PENNSYLVAN	IA	
Case number	19-14972				
(if known)					

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	art 1: Summarize Your Assets	Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	value of what you own
	1a. Copy line 55, Total real estate, from Schedule A/B	\$180,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$30,246.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$210,246.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$318,788.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$56,108.00
	Your total liabilities	\$374,896.00
Р	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$5,028.71
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$4,410.52

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Debtor 1 Debtor 2		George David Staretz Dolores Staretz	Case number (if known)19-14	1972
P	art 4:	Answer These Questions for Administrative and Statis	tical Records	
6.	Are yo	u filing for bankruptcy under Chapters 7, 11, or 13?		
	□ No	o. You have nothing to report on this part of the form. Check this box and is	submit this form to the court with yo	our other schedules.
7.	What k	ind of debt do you have?		
	ك	our debts are primarily consumer debts. Consumer debts are those "inc mily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for sta		•
		our debts are not primarily consumer debts. You have nothing to report s form to the court with your other schedules.	on this part of the form. Check this	s box and submit
8.		ne Statement of Your Current Monthly Income: Copy your total current reform 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14	•	\$5,028.71
9.	Copy t	ne following special categories of claims from Part 4, line 6 of Schedu	le E/F:	

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

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Fill in this inf	ormation to iden	tify your case:		
Debtor 1	George First Name	David Middle Name	Staretz Last Name	
Debtor 2	Dolores	Middle Name	Staretz	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the	EASTERN DIST.	OF PENNSYLVANIA	
Case number (if known)	19-14972			Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NO	T an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have rea	ad the summary and schedules filed with this declaration and that they are
true and correct.	
X /s/ George David Staretz	X /s/ Dolores Staretz
George David Staretz, Debtor 1	Dolores Staretz, Debtor 2
Date <u>08/16/2019</u>	Date <u>08/16/2019</u>
MM / DD / YYYY	MM / DD / YYYY

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				_	
Fill in this info	ormation to	identify your case	:		
Debtor 1	George First Name	David Middle Name	Staretz Last Name	.]	
Debtor 2	Dolores	wilddie Name	Staretz		
(Spouse, if filing)		Middle Name	Last Name		
United States Bar	nkruptcy Court fo	or the: EASTERN DIS	T. OF PENNSYLVANIA		
Case number	19-14972			_	Check if this is an
(if known)				_	amended filing
Official Form	107				
Statement o	f Financia	Affairs for Ind	ividuals Filing for B	Bankruptcy	

1.

2.

3.

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

What is your current marital status?
Married Not associated
Not married
During the last 3 years, have you lived anywhere other than where you live now? No No
Yes. List all of the places you lived in the last 3 years. Do not include where you live now.
Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☑ No
Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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Debtor 1 Debtor 2		George David Staretz Dolores Staretz			mber (if known) 19-14 §	972
Ρ	art 2:	Explain the Sources of	Your Income			
4.	Fill in th	I have any income from employ the total amount of income you recordere filing a joint case and you have	eived from all jobs and all bu	usinesses, including par	t-time activities.	calendar years?
	✓ No ☐ Yes	s. Fill in the details.				
5.	Include unemple	I receive any other income during income regardless of whether that by ment; and other public benefit publing and lottery winnings. If you 1.	nt income is taxable. Examp payments; pensions; rental ir	les of other income are ncome; interest; dividen	ds; money collected from	lawsuits; royalties;
	List eac	ch source and the gross income from	om each source separately.	Do not include income	that you listed in line 4.	
	□ No ☑ Yes	s. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ry 1 of the current year until I filed for bankruptcy:	Retirement	\$28,761.00	Retirement	\$11,468.00
		calendar year: December 31, 2018)	Retirement	\$17,160.00	Retirement	\$15,600.00
		ndar year before that: December 31, 2017)	Retirement	\$17,120.00	Retirement	\$15,560.00
•	•	YYYY				

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		George David Staretz Dolores Staretz	z	Case number (if known) _19-	14972					
P	art 3:	List Certain Paym	ents You Made Before You File	d for Bankruptcy						
6.	Are eith	ner Debtor 1's or Debtor	2's debts primarily consumer debts?							
	□ No.		Debtor 2 has primarily consumer debts lual primarily for a personal, family, or hou		S.C. § 101(8) as					
		During the 90 days be	fore you filed for bankruptcy, did you pay	any creditor a total of \$6,825* or more?						
		☐ No. Go to line 7.								
		total amount	nch creditor to whom you paid a total of \$6 you paid that creditor. Do not include pay and alimony. Also, do not include payme	ments for domestic support obligations	, such as					
		* Subject to adjustmen	nt on 4/01/22 and every 3 years after that	for cases filed on or after the date of ad	justment.					
	√ Yes	. Debtor 1 or Debtor 2	i.							
	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more									
		No. Go to line 7.								
		creditor. Do	nch creditor to whom you paid a total of \$6 not include payments for domestic suppo include payments to an attorney for this ba	rt obligations, such as child support and						
	agent, in such as	· ·		<u> </u>						
8.	benefit	ed an insider?	or bankruptcy, did you make any paym	ents or transfer any property on acco	unt of a debt that					
		de payments on debts guaranteed or cosigned by an insider.								
	✓ No ☐ Yes	. List all payments that b	enefited an insider.							
P	art 4:	Identify Legal Act	ions, Repossessions, and Fored	Nocures						
9.	Within	year before you filed for	or bankruptcy, were you a party in any ersonal injury cases, small claims actions,	lawsuit, court action, or administrativ						
	□ No ✓ Yes	. Fill in the details.								
Cas	e title		Nature of the case	Court or agency	Status of the case					
		Bank National Trust as Trustee vs.	mortgage foreclosure- sheriff sale stayed	Court of Common Pleas of Northampton County	✓ Pending					
Dol	ores St	aretz, George	ould olayou	Court Name	On appeal					
	retz	- OV 0040 4004		Number Street	Concluded					
Cas	e numbe	r <u>CV-2018-10317</u>	-							
				Easton PA City State ZI	P Code					
				- ,						

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	otor 1 otor 2	George David Staretz Dolores Staretz			Case number (if I	known) 19-14	972
10. Within 1 year before you filed for bankruptcy, w seized, or levied? Check all that apply and fill in the details below.				as any of your property repo	ssessed, foreclose	d, garnished, a	attached,
	_	. Go to line 11. s. Fill in the information be	elow.				
				Describe the property		Date	Value of the property
United States of America				benefits garnishment		08/2019	\$384.00
	ditor's Nam						
Num		etirement Board		Explain what happened			
	iawa Pl			☐ Property was repossesse	d.		
<u> </u>	iawaii	aza 11		Property was foreclosed.			
Sci	anton	PA	18508	Property was garnished.			
City		State	ZIP Code	Property was attached, se	eized, or levied.		
P	amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions						
13.	☑ No	s. Fill in the details for eac		did you give any gifts with a t	otal value of more	man şovo per p	gerson?
14.		2 years before you filed f charity?	or bankruptcy,	did you give any gifts or cont	ributions with a tot	al value of mor	re than \$600
	✓ No	s. Fill in the details for eac	h gift or contribu	tion.			
Р	art 6:	List Certain Losse	S				
15.		1 year before you filed fo lisaster, or gambling?	r bankruptcy or	r since you filed for bankrupto	ey, did you lose any	ything because	of theft, fire,
	✓ No ☐ Yes	s. Fill in the details.					

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	otor 1 otor 2	George D Dolores S		aretz		Case number (if k	known) 19-14972	
P	art 7:	List Ce	rtain Pa	ayments or	Transfers			
16.	Include	any attorne	ılted abo ys, bankr	ut seeking bar	ptcy, did you or anyone else acting on hruptcy or preparing a bankruptcy or preparers, or credit counseling agencies	petition?		
		s. Fill in the uca, Esq. Vas Paid	details.		Description and value of any prop legal fees	erty transferred	Date payment or transfer was made	Amount of payment
381 N. 9th Ave. Number Street		-		08/2019	\$1,000.00			
Scr City	anton		PA State	18504 ZIP Code	-			-
Ema	il or websi	te address			-			
17.	Within anyone Do not No Yes	e who prominclude any s. Fill in the 2 years bef	re you fil ised to h payment details.	led for bankrupelp you deal woor transfer that	ptcy, did you or anyone else acting or ith your creditors or to make paymon you listed on line 16. uptcy, did you sell, trade, or otherwise of your business or financial affa	ents to your credito	ors?	
	Do not	include gifts	and tran		s made as security (such as granting o nave already listed on this statement.	of a security interest	or mortgage on your	property).
19.	Within you are	-	efore you ary? (ruptcy, did you transfer any propert called asset-protection devices.)	y to a self-settled t	rust or similar devic	e of which:

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Debtor 1 Debtor 2		George David Staretz Dolores Staretz	Case number (if	Case number (if known) 19-14972			
Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units						S	
20.	benefit. Include houses	1 year before you filed for bankru, closed, sold, moved, or transfers checking, savings, money market, pension funds, cooperatives, asso	red? or other financial accounts; ce	ertificates of deposit; shares	•	•	
W۵	— Ils Farn	0	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
Name of Financial Institution			- XXXX-	⊘ Checking	10/2018	\$200.00	
Number Street		eet	-	Savings Money market Brokerage Other			
City		State ZIP Code	_				
21.	 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. 						
22.	22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ☑ No ☐ Yes. Fill in the details.						
Р	art 9:	Identify Property You Hol	d or Control for Some	one Else			
23.		hold or control any property that in trust for someone.	someone else owns? Inclu	de any property you borro	owed from, are stor	ing for,	
	✓ No	s. Fill in the details.					

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	otor 1 otor 2	George David Staretz Dolores Staretz	Case number (if known) 19-14972					
P	art 10:	Give Details About Environmental Information						
For	For the purpose of Part 10, the following definitions apply:							
ı	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	 Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item. 							
Rep	ort all n	otices, releases, and proceedings that you know about, regardless of	when they occurred.					
24.	Has any law?	y governmental unit notified you that you may be liable or potentially	iable under or in violation of an environmental					
	✓ No ☐ Yes	. Fill in the details.						
25.	☑ No	ou notified any governmental unit of any release of hazardous materia. Fill in the details.	1?					
26.	Have yo	ou been a party in any judicial or administrative proceeding under any	environmental law? Include settlements and					
	✓ No	s. Fill in the details.						
P	art 11:	Give Details About Your Business or Connections to A	ny Business					
27.	Within 4	4 years before you filed for bankruptcy, did you own a business or hass?	ve any of the following connections to any					
		A sole proprietor or self-employed in a trade, profession, or other activity A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation	iip (LLP)					
		None of the above applies. Go to Part 12. Check all that apply above and fill in the details below for each business.	s.					
28.		2 years before you filed for bankruptcy, did you give a financial staten ncial institutions, creditors, or other parties.	nent to anyone about your business? Include					
	□ No □ Yes	s. Fill in the details below.						

Debtor 1 Debtor 2	George David Staretz Dolores Staretz		Case number (if known) _ 19-14972			
Part 12:	Sign Below					
that answe	ers are true and correct. I under	stand that making a false statement, co kruptcy case can result in fines up to \$	ts, and I declare under penalty of perjury oncealing property, or obtaining money or \$250,000, or imprisonment for up to 20 years,			
	orge David Staretz	X /s/ Dolores Staretz				
George	David Staretz, Debtor 1	Dolores Staretz, Debtor 2				
Date _	08/16/2019	Date08/16/2019				
Did you att	Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?					
▼ No □ Yes						
Did you pa	y or agree to pay someone who	is not an attorney to help you fill out b	ankruptcy forms?			
☑ No						
	ame of person		Attach the Bankruptcy Petition Preparer's Notice,			

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA PHILADELPHIA DIVISION

In re	George David Staretz	Case No.	19-14972
	Dolores Staretz		
		Chapter	13

		Chapter 13	
	DISCLOSURE OF COMPENSATION OF ATTORNI	NEY FOR DEBTOR	
1.	. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the att that compensation paid to me within one year before the filing of the petition in bank services rendered or to be rendered on behalf of the debtor(s) in contemplation of o is as follows:	kruptcy, or agreed to be paid to me, f	or
	For legal services, I have agreed to accept	\$0.00_	
	Prior to the filing of this statement I have received	\$1,000.00	
	Balance Due	(\$1,000.00)	
2.	. The source of the compensation paid to me was:		
	☑ Debtor ☐ Other (specify)		
3.	. The source of compensation to be paid to me is:		
	☐ Debtor ☑ Other (specify) Fee Application shall be submitted for ap Hourly rate is \$250.00 per hr.	pproval.	
4.	I have not agreed to share the above-disclosed compensation with any other per associates of my law firm.	person unless they are members and	
	☐ I have agreed to share the above-disclosed compensation with another person associates of my law firm. A copy of the agreement, together with a list of the noncompensation, is attached.		r
5.	. In return for the above-disclosed fee, I have agreed to render legal service for all as	spects of the bankruptcy case, includ	ing:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in c bankruptcy;	determining whether to file a petition	in
	b. Preparation and filing of any petition, schedules, statements of affairs and plan w	which may be required;	

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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B2030 (Form 2030) (12/15)

/s/ George David Staretz

George David Staretz

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

The Debtors and the undersigned agree that any additional legal services required but not outlined above, such as adversary proceedings, objections to proof of claims, motions to sell property, and amending the plan post confirmation, shall be charged and paid at an hourly rate of \$250.00 per hour. In the event a violation of auto stay and/or discharge injunction occurs which requires a proceeding to be filed and prosecuted, Debtors agree to be charged and pay an hourly rate of \$350.00.

08/16/2019	/s/ Tullio DeLuca	
Date	Tullio DeLuca	Bar No. 59887
	Law offices of Tullio DeLuca	
	381 N. 9th Avenue	
	Scranton, PA 18504	
	Phone: (570) 347-7764 / Fax: (570)	347-7763

/s/ Dolores Staretz

Dolores Staretz

CERTIFICATION

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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA PHILADELPHIA DIVISION

IN RE: George David Staretz
Dolores Staretz

CASE NO 19-14972

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date	8/16/2019		/s/ George David Staretz George David Staretz
Date	8/16/2019	Signature .	/s/ Dolores Staretz Dolores Staretz

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American Honda Finance National Recovery Center P.O. Box 16469 Irving, TX 75016

Amerigas 1495 Rockdale Lane Stroudsburg, PA 18360

AmeriMark Premier Easy Pay Plan P.O. Box 2845 Monroe, WI 53566

Aspire PO Box 105555 Atlanta, GA 30348-5555

Barclays Card Services P.O. Box 8802 Wilmington, DE 19899

Berks Credit & Collections, P.O. Box 329 Temple, PA 19560

Blaze Mastercard P.O. Box 5096 Sioux Falls, SD 57117

Capital One PO Box 30285 Salt Lake City, UT 84130

CBCS P.O. Box 2724 Columbus, OH 43216-2724 Comenity Bank/Bon Ton Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125

Comenity Bank/Dental First Bankruptcy Department P.O. Box 182125 Columbus, OH 43218-2125

Comenity Bank/Venus Bankruptcy Department P.O. Box 182125 Columbus, OH 43218-2125

Contract Callers, Inc. 501 Greene St. 3rd Floor, Ste. 302 Augusta, GA 30901

Creditech 50 N. 7th St., Bangor, PA 18013

CreditOne
P.O. Box 98873
Las Vegas, NV 89193

Dish Network P.O. Box 9033 Littleton, CO 80160

Diversified Consultants 10550 Deerwood Park Blvd. 309 Jacksonville, FL 32256-0596

Dolores Staretz 125 Morningside Dr. Mount Bethel, PA 18343

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Emergency Physician Assoc. N 307 S. Evergreen Ave.,, Ste. 201 Woodbury, NJ 8096

Fingerhut P.O. Box 1250 St. Cloud, MN 56395-1250

First Access Card P.O. Box 89028 Sioux Falls, SD 57109-9028

First National Bank 500 E. 60th Street N. Sioux Falls, SD 57104

First Premier Bank P.O. Box 5524 Sioux Falls, SD 57117-5524

First Savings Credit Card P.O. Box 5019 Sioux Falls, SD 57117

Fortiva P.O. Box 105555 Atlanta, GA 30348-5555

George David Staretz 125 Morningside Dr. Mount Bethel, PA 18343

GM Financial P.O. Box 181145 Arlington, TX 76096-1145

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Hackettstown Emerrgency Medical Associat P.O. Box 5483 Parsippany, NJ 07054-6483

Indigo
Bankcard Services
P.O. Box 4499
Beaverton, OR 97076-4499

Jefferson Capital Systems, LLC P.O. Box 7999 St. Cloud, MN 56302

Jefferson Capital Systems, LLC 16 McLeland Road Saint Cloud, MN 56303-2198

Joseph P. Melillo 61 Morningside Dr. Mt Bethel, PA 18343

KML Law Group, P.C Suite 5000, BNY Mellon Independence Ctr. 701 Market St. Philadelphia, PA 19106

Law offices of Tullio DeLuca 381 N. 9th Avenue Scranton, PA 18504

Lehigh Valley Health Network Patient Account Dept. P.O. Box 4120 Allentown, PA 18105-4120

Lehigh Valley Physician Group P.O. Box 1754 Allentown, PA 18105-1754

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Lendup Card- TAB Bank 47 Maiden Lane Lendup San Francisco, CA 94108

LVNV Funding LLC P.O. Box 10497 Greenville, SC 29603

Merrick Bank P.O. Box 9201 Old Bethpage, NY 11804

Midland Credit Management 2365 Northside Drive, Ste. 300 San Diego, CA 92108

Midland Funding, LLC 2365 Northside Drive, Ste. 300 San Diego, CA 92108

Mission Lane Customer Service P.O. Box 31535 Tampa, FL 33631-3535

MRI Associates of Hackettstown 657 Willow Grove St., Ste. 205 Hackettstown, NJ 07840

Mt. Bethel Medical Center, LLC 10 Mt. Bethel Plaza Mount Betel, PA 18343-0043

NCO 4740 Baxter Raod Virginia Beach, VA 23462

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Pocono Emergency Physicians P.O. Box 8510 Philadelphia, PA 19101

Portfolio Recovery Associates, LLC P.O. Box 41067 Norfolk, VA 23541

Premier Health Associates, L.L.C. 532 Lafayette Rd., Ste. 300 Sparta, NJ 07871-4411

Publishers Clearing House Customer Service 101 Winners Circle Port Washington, NY 11050

Remex, Inc. 307 Wall St. Princeton, NJ 8540

Salute/UTB P.O. Box 105555 Atlanta, GA 30348

Select Portfolio Servicing 3815 South West Temple Salt Lake City, UT 84115

Sprint
P.O. Box 7993
Overland Park, KS 66207

St. Luke's Emergency Physicians P.O. Box 749
Scranton, PA 18501

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Stellar Recovery, Inc. 1327 Highway 2 W, Suite 100 Kalispell, MT 59901

Stiles Lawn Maintenance 231 Washington Blvd. Bangor, PA 18013

Sunrise Credit Services, Inc P.O. Box 9100 Farmingdale, NY 11735

Synchrony Bank/Gap Attn: Bankruptcy Dept. P.O. Box 965060 Orlando, FL 32896-5060

Synchrony Bank/JC Penney Attn: Bankruptcy Dept. P.O. Box 965060 Orlando, FL 32896-5060

Target National Bank c/o Target Credit Services P.O. Box 1581 Minneapolis, MN 55440

Total Visa P.O. Box 91510 Sioux Falls, SD 57109-1510

Total Visa P.O. Box 85710 Sioux Falls, SD 57118

United States of America Railroad Retirement Board Siniawa Plaza II 717 Scranton Carbondale Scranton, PA 18508

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